



1636

PTO/SB/21 (08-03)  
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/957031-Conf. #6530	
	Filing Date	September 21, 2001	
	First Named Inventor	David Margolis	
	Art Unit	N/A	
	Examiner Name	Not Yet Assigned	
Total Number of Pages in This Submission	7	Attorney Docket Number	BSZ-008DV

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input checked="" type="checkbox"/> Two Power of Attorney documents,  <input checked="" type="checkbox"/> Two Revocation Change of Correspondence Address documents  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  Two Statement Under 37 CFR 3.73(b) documents; Return postcard.
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	LAHIVE & COCKFIELD, LLP Danielle L. Herritt - 43,670
Signature	
Date	September 12, 2003

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PTO/SB/81 (05-03)  
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<b>POWER OF ATTORNEY OR AUTHORIZATION OF AGENT</b>	<b>Application Number</b>	09/957031
	<b>Filing Date</b>	September 21, 2001
	<b>First Named Inventor</b>	David Margolis
	<b>Title</b>	INTEGRATIVE PROTEIN - DNA COCHLEATE, etc.
	<b>Art Unit</b>	N/A
	<b>Examiner Name</b>	Not Yet Assigned
<b>Attorney Docket No.</b>		BSZ-008DV

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I am the:

☐ Applicant/Inventor.

☒ Co-Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

<b>Name</b>	Denise Mulkern		
<b>Signature</b>			
<b>Date</b>	8/26/03	<b>Telephone</b>	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below\*.

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PTO/SB/82 (05-03)

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<b>REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT</b>	Application Number	09/957031
	Filing Date	September 21, 2001
	First Named Inventor	David Margolis
	Art Unit	N/A
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	BSZ-008DV

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☐ Applicant/Inventor.☒ Co-Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Denise Mulkern		
Signature			
Date	8/26/03	Telephone	
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	<b>First Named Inventor</b>	David Margolis
	<b>Art Unit</b>	N/A
	<b>Examiner Name</b>	Not Yet Assigned
	<b>Attorney Docket Number</b>	BSZ-008DV

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name	Rita Khanna		
Signature			
Date	7/18/02	Telephone	(401) 385-6324

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	<b>First Named Inventor</b>	David Margolis
	<b>Title</b>	INTEGRATIVE PROTEIN - DNA COCHLEATE, etc.
	<b>Art Unit</b>	N/A
	<b>Examiner Name</b>	Not Yet Assigned
<b>Attorney Docket No.</b>		BSZ-008DV

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Ann Lamport Hammitte	34,858	Jane E. Remillard	38,872
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☐ Practitioner(s) named below:   
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	Telephone	(617) 227-7400	Fax (617) 742-4214

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**SIGNATURE of Applicant or Assignee of Record**

Name	Rita Khanna CLAUDE NASH, Ph.D.		
Signature	<i>Claude Nash</i>		
Date		Telephone	(401) 385-6324

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